ATTACHMENT 4.18-D Revision: HCFA-PM-91-4 (BPD) AUGUST 1991

Page 1

OMB No.: 0938-

|          | PLAN   | UNDER | TITLE | XIX  | OF  | THE | SOCIAL | SECURITY | ACT |
|----------|--------|-------|-------|------|-----|-----|--------|----------|-----|
| State/Te | errito | ory:  | N     | EW M | EXI | CO  |        |          |     |

Premiums Imposed on Low Income Pregnant Women and Infants

The following method is used to determine the monthly premium imposed on optional categorically needy pregnant women and infants covered under section 1902(a)(10)(A)(ii)(IX)(A) and (B) of the Act:

B. A description of the billing method used is as follows (include due date for premium payment, notification of the consequences of nonpayment, and notice of procedures for requesting waiver of premium payment):

\*Description provided on attachment.

| TN No. 97-19 Supersedes Approval Date JAN 15 1992 TN No. Must Face | Effective | Date OCT 1 1991 |  |
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| TN No. The page                                                    | HCFA ID:  | 7986E           |  |

| ĺ | STATE New Nexico                                    |          |
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| ١ | ore 1.7.1991                                        | ۸        |
| ١ | DATE REC'DIE JAN 1 5 1992 DATE APPV'D TICT U 1 1991 | A        |
|   | DATE APPV'D OCT 01 1991  DATE EFF OT - 10           |          |
|   | HCFA 179 — 41-19                                    | <u> </u> |
|   | MCFA 177                                            |          |

| Rev | ision:     | HCFA-PM-91- 4 (<br>AUGUST 1991                            | BPD)                                           | ATTACHMENT 4.18-D<br>Page 2<br>OMB No.: 0938- |                       |
|-----|------------|-----------------------------------------------------------|------------------------------------------------|-----------------------------------------------|-----------------------|
|     |            | STATE PLAN UNDER                                          | R TITLE XIX OF THE SO                          | CIAL SECURITY ACT                             | •                     |
|     |            | State/Territory:                                          | NEW MEXICO                                     |                                               |                       |
| c.  |            |                                                           | er other programs are                          | e used to pay for pr                          | emiums:               |
|     | <u>_</u> Ī | Yes                                                       | <u>/</u> / No                                  |                                               |                       |
| D.  | a pre      | riteria used for de<br>mium because it wou<br>ibed below: | termining whether the<br>ld cause an undue has | e agency will waive<br>rdship on an individ   | payment of<br>ual are |
|     |            |                                                           |                                                |                                               |                       |
|     |            |                                                           |                                                |                                               |                       |
|     |            |                                                           |                                                |                                               |                       |
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|     |            |                                                           |                                                |                                               |                       |
| *De |            | ion provided on att                                       | 1080 1 - 1000                                  | 0.673                                         | - 4001                |
| Sup | ersede:    | Approval Date                                             | e E1                                           | ffective Date OCT                             | 1 1991                |
|     |            |                                                           |                                                |                                               |                       |
|     |            |                                                           | STATE                                          | DEC 1 7 1991<br>JAN 1 5 1992                  | A                     |
|     |            |                                                           | DATE EFF<br>HCFA 179                           | QCJ-9-1991                                    |                       |